

APPLICATION FOR A SIGN PERMIT

Applicant:			
Mailing Address:			
Phone Number:			
Property Owner:			
Mailing Address:			
Property Address:			
Parcel No (if known):			
Bus./Inst. Name:			
Zoning District:			
Is the property in the	Coddle Creek Tl	horoughfare Overlay	Zoning Districts? Yes No
If applicable, BOA Ca	nso #•		
Cond. Use		ustment V	ariance
	· ·		
Proposed Signage:			
<u>Type</u>	Quantity	Sq Ft	Height (VF)
A permit must be obtain	ned from our office	e prior to beginning any	sign installation. Please refer to fe
schedule for applicable	fees. In addition (to the above information	n, applicant must provide a signag
•		•	evelopment Ordinance (UDO). The
U.D.O is available online	e at <u>www.kannapo</u>	lisnc.gov/formsdocume	<u>nts</u>
For information regard	ing huilding nerm	its_call the Caharrus (County Building Inspections at 704
_			rch Street South, Concord, NC. In
			tions at 704-636-8747 or visit thei
office at 402 North Main	ı Street, Salisbury	•	
Applicant Signature:			Date: